

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	M. M.	71629	11/24
RESPONSE FORMALITY REVIEW			11-81

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
1	5/12/81
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41	✓
42	○
43	✓
44	✓
45	○
46	○
47	○
48	○
49	○
50	○

Claim	Date
Final	Original
51	○
52	○
53	✓
54	1
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66	✓
67	○
68	○
69	○
70	✓
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76	✓
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions  
staple additional sheet here

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